

## **Permit Cancellation Request**

Date	
Company Name/Sole Proprietor	
PUC #	
The above Company/Sole Proprietor hereby gives Public Utilities Commission, effective as of once the permit is cancelled, the Company will recase all operations. If the Company would like to completed.	, and understands that no longer have authority to do business and must
Print Name	Title
Authorized Signature	Date

You may fax or mail this form. If there are additional questions, please call.

